

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

CAMPAIGN FOR WORKING FAMILIES

ADDRESS (number and street)

2800 Shirlington Road, Suite 930

☐Check if different
than previously
reported. (ACC)

Arlington

VA

22206

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00325076

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2008

through

07

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Amy Myers

Signature of Treasurer

Electronically Filed by Amy Myers

Date

08

14

2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
CAMPAIGN FOR WORKING FAMILIES

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		1339727.01
(b) Cash on Hand at Beginning of Reporting Period	1622520.99	
(c) Total Receipts (from Line 19)	49631.94	538526.78
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1672152.93	1878253.79
7. Total Disbursements (from Line 31)	40963.64	247064.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1631189.29	1631189.29
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	9511.61	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CAMPAIGN FOR WORKING FAMILIES

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	34660.00	357921.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	13818.30	171700.62
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	48478.30	529621.62
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	48478.30	529621.62
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	234.83
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1153.64	8670.33
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	49631.94	538526.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	49631.94	538526.78

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	35963.64	239964.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	35963.64	239964.50
22. Transfers to Affiliated/Other Party Committees.....	5000.00	5000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	100.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	40963.64	247064.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40963.64	247064.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	48478.30	529621.62
34. Total Contribution Refunds (from Line 28(d))	0.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	48478.30	529521.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	35963.64	239964.50
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	234.83
38. Net Operating Expenditures (subtract Line 37 from Line 36)	35963.64	239729.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR CHRIS AYERS

Mailing Address 828 OLNEY OAK DR

City

HOUSTON

State

TX

Zip Code

77079

FEC ID number of contributing
federal political committee.

C

Name of Employer
CONOCO INDONESIA

Occupation

MANAGE ECONOMICS & PLANNING

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 8

Transaction ID: SA11AI.12123

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

MR CHARLES D AYRES

Mailing Address 4911 CASA ORO DR

City

YORBA LINDA

State

CA

Zip Code

92886

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.12250

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

DAVID BAIN

Mailing Address 1000 PECAN DR

City

FAIRVIEW

State

TX

Zip Code

75069

FEC ID number of contributing
federal political committee.

C

Name of Employer
CORWIN ENGINEERING INC

Occupation

ENGINEER

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.12096

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

PAUL BALLAIN

Mailing Address 9567 QUEENSCLIFFE DR

City

HIGHLANDS RANCH

State

CO

Zip Code

80130

FEC ID number of contributing
federal political committee.

C

Name of Employer
HAY AND ASSOCIATES

Occupation

MARKETING COORDINATOR

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.12155

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

CAPT C P BARNES

Mailing Address 2270 DURAND HWY

City

WARM SPRINGS

State

GA

Zip Code

31830

FEC ID number of contributing
federal political committee.

C

Name of Employer
USN

Occupation

RETIRED MILITARY

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.11791

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MRS ANNALYNE H BARNET

Mailing Address 4734 TALLEYBROOK DR

City

KENNESAW

State

GA

Zip Code

30152

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 5 / 2 0 0 8

Transaction ID: SA11AI.11778

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 86

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

DR DUANE C BERKOMPAS

Mailing Address PO BOX 2168

City

COLUMBUS

State

OH

Zip Code

49301

FEC ID number of contributing
federal political committee.

C

Name of Employer
MICHIGAN MEDICAL PHYSICIAN
CORP

Occupation

CARDIOLOGIST

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	4	/	2	0	0	8

Transaction ID: SA11AI.11849

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

DR GARY R BISHOP

Mailing Address 15144 LARRY ST

City

POWAY

State

CA

Zip Code

92064

FEC ID number of contributing
federal political committee.

C

Name of Employer
RIVERSIDE COUNTY

Occupation

PHARMACIST

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	5	/	2	0	0	8

Transaction ID: SA11AI.12221

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

MRS CINDY BLACKMAN

Mailing Address 5112 RIVER AVE

City

NEWPORT BEACH

State

CA

Zip Code

92663

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2008

☐ Primary ☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	6	/	2	0	0	8

Transaction ID: SA11AI.12235

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

785.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MRS RONDA R BLEHM-KUK

Mailing Address 32265 WEEPING WILLOW ST

City State Zip Code
 TRABUCO CANYON CA 92679

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.12242

Amount of Each Receipt this Period

285.00

B.

Full Name (Last, First, Middle Initial)

MR TERRY O BRISTOL

Mailing Address 344 E FOOTHILLS PKWY
 RED ROOM 9-W

City State Zip Code
 FORT COLLINS CO 80525

FEC ID number of contributing
federal political committee.

C

Name of Employer
344E FOOTHILLS PARKWAY FC
 COLORADO

Occupation
ASSET MGR

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.12163

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

WILLIAM P BUCK, JR

Mailing Address 2084 BROOK HIGHLAND RDG

City State Zip Code
 BIRMINGHAM AL 35242

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
DENTIST

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.11814

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

435.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR GORDON CHAN

Mailing Address 1023 NE 98TH ST

City

SEATTLE

State

WA

Zip Code

98115

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHWEST HOSP

Occupation

C. T. TECHNOLOGIST

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.12331

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MRS FRANCES CLARK

Mailing Address 907 COLONY RIDGE CT

City

IRVING

State

TX

Zip Code

75061

FEC ID number of contributing
federal political committee.

C

Name of Employer
OWNER

Occupation

PIZZA SALON

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.12095

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MR STEPHEN CRAGLE

Mailing Address 201 RAMSEY PL

City

SAINT CLOUD

State

MN

Zip Code

56301

FEC ID number of contributing
federal political committee.

C

Name of Employer
ST CLOUD ENT CLINIC

Occupation

SURGEON

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.11996

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

ROGER CRAWFORD

Mailing Address 7784 DOUGLAS DRIVE

City

PARK CITY

State

UT

Zip Code

84098

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

BROADCAST

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.12177

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MRS KAY CREECH

Mailing Address PO BOX 29
2080 MIDDLE BURNT FORK RD

City

STEVENSVILLE

State

MT

Zip Code

59870

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.12017

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

MR RANDY CREECH

Mailing Address PO BOX 29

City

STEVENSVILLE

State

MT

Zip Code

59870

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

SELF EMPLOYED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.12019

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

10050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR ROGER DAVIS, RET

Mailing Address 8160 TIARA ST

City

VENTURA

State

CA

Zip Code

93004

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.12252

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

MR LEONARD A DEO

Mailing Address 2 SYLDEO DR

City

PARSIPPANY

State

NJ

Zip Code

07054

FEC ID number of contributing
federal political committee.

C

Name of Employer
FLOWERS & GIFTS- INC.

Occupation
FLORIST

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.11644

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR CRAIG W EGLOFF

Mailing Address 27001 HWY 128

City

YORKVILLE

State

CA

Zip Code

95494

FEC ID number of contributing
federal political committee.

C

Name of Employer
JAYMES & JAYMES

Occupation
INSURANCE BROKER

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 8

Transaction ID: SA11AI.12291

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

270.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR. JAMES S ENGLUND

Mailing Address 302 CINDI CT

City

LONGVIEW

State

TX

Zip Code

75605

FEC ID number of contributing
federal political committee.

C

Name of Employer
MISSIONARY TECH TEAM

Occupation
ENGINEER

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 8 / 2 0 0 8

Transaction ID: SA11AI.12109

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MR FRANCIS L FRIEND

Mailing Address 2125 LUANN LN APT 6

City

MADISON

State

WI

Zip Code

53713

FEC ID number of contributing
federal political committee.

C

Name of Employer
INTERVARSITY CHRISTIAN FE-
LLOWSHIP

Occupation
MANAGER

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.11954

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR ERWIN R FRIESEN

Mailing Address PO BOX 342

City

HATHAWAY PINES

State

CA

Zip Code

95233

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.12285

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

575.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR BOBBI J GOOD

Mailing Address 18161 BASTANCHURY RD

City

YORBA LINDA

State

CA

Zip Code

92886

FEC ID number of contributing
federal political committee.

C

Name of Employer

ROSE DRIVE FRIENDS CHURCH

Occupation

ADMINISTRATOR

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.12251

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MRS SUSAN R GORDON

Mailing Address 1212 NW 12TH ST

City

ANDREWS

State

TX

Zip Code

79714

FEC ID number of contributing
federal political committee.

C

Name of Employer

BRIAN E GORDON- MD

Occupation

BOOKKEEPER

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.12151

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

CARL E GREEN

Mailing Address 541 PINEHAVEN DRIVE

City

HOUSTON

State

TX

Zip Code

77024

FEC ID number of contributing
federal political committee.

C

Name of Employer

GREEN SERVICES INTERNATIO-
NAL

Occupation

PRESIDENT

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.12118

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 86

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MRS CARL W GUSTKE

Mailing Address 233 STATON RD

City

CABOT

State

AR

Zip Code

72023

FEC ID number of contributing
federal political committee.

C

Name of Employer
FEDERAL EX - (WIFE) REBSA-
MEN R. H.

Occupation

PILOT - WIFE DEBORAH-RN

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	5	/	2	0	0	8

Transaction ID: SA11AI.12088

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MRS SHERY HANCOCK

Mailing Address CMR 445 BOX 278

City

APO

State

AE

Zip Code

09046

FEC ID number of contributing
federal political committee.

C

Name of Employer
DODDS

Occupation

SCHOOL NURSE

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	5	/	2	0	0	8

Transaction ID: SA11AI.11648

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR S B HARPER

Mailing Address 6101 PRYOR LANE

City

FARMINGTON

State

NM

Zip Code

87402

FEC ID number of contributing
federal political committee.

C

Name of Employer
FOUR STATES GASKET & RUBB-
ER IN

Occupation

HOMEMAKER

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	0	8

Transaction ID: SA11AI.12200

Amount of Each Receipt this Period

310.00

SUBTOTAL of Receipts This Page (optional)

410.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MS M SANDRA HEA

Mailing Address 5924 CHILDRESS AVE

City

SAINT LOUIS

State

MO

Zip Code

63109

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
REALTOR

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.12057

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR KEVIN D HENRY

Mailing Address 2611 SPRING MILL PL

City

BURLINGTON

State

KY

Zip Code

41005

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFO REQUESTED- NOT RECD

Occupation
INFO REQUESTED- NOT RECD

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.11843

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

MR JAMES A HOKANSON

Mailing Address 152 GRANDE VISTA WAY

City

CHELSEA

State

AL

Zip Code

35043

FEC ID number of contributing
federal political committee.

C

Name of Employer
BIOHORIZONS IMPLANT INC

Occupation
VP OPS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.11812

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

155.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR J CHARLES HOLLIMON

Mailing Address 300 AUSTIN HIGHWAY SUITE 200

City

SAN ANTONIO

State

TX

Zip Code

78209

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

OWNER OIL & GAS

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.12136

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

MRS LORENA M JAEB

Mailing Address PO BOX 428

City

MANGO

State

FL

Zip Code

33550

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.11804

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

DR JOHN D KEISLING

Mailing Address 35 ERICA LN

City

BELEN

State

NM

Zip Code

87002

FEC ID number of contributing
federal political committee.

C

Name of Employer
SAIC

Occupation

SCIENTIST

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.12199

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

1520.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 86

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

Mr. HENDRICK KERKSTRA

Mailing Address 1711 TOURS COURT

City

BAKERSFIELD

State

CA

Zip Code

93311

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	7	/	2	0	0	8

Transaction ID: SA11AI.12259

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

LOUISE KLARR

Mailing Address 401 S. OLD WOODWARD #465

City

BIRMINGHAM

State

MI

Zip Code

48009

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKEROccupation
HOMEMAKER
 Receipt For:
 ☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	8	/	2	0	0	8

Transaction ID: SA11AI.12360

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

S. GUNNAR KLARR

Mailing Address 401 S. OLD WOODWARD #465

City

BIRMINGHAM

State

MI

Zip Code

48009-6622

FEC ID number of contributing
federal political committee.

C

Name of Employer
KLARR & KLARROccupation
OWNER
 Receipt For:
 ☐ Primary
 ☐ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	8	/	2	0	0	8

Transaction ID: SA11AI.12358

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

10060.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR ROBERT L KOLES

Mailing Address 1300 N 130TH AVE

City

FALL CREEK

State

WI

Zip Code

54742

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 0 8

Transaction ID: SA11AI.11960

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

MR KENNETH D KONING

Mailing Address 10950 S BURKETT RD

City

MC BAIN

State

MI

Zip Code

49657

FEC ID number of contributing
federal political committee.

C

Name of Employer
CALVIN CHRISTIAN REFORMED
CHUR

Occupation
PASTOR

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 1 / 2 0 0 8

Transaction ID: SA11AI.11923

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

MR ROBERT LAKE

Mailing Address 2721 18TH ST

City

BAKERSFIELD

State

CA

Zip Code

93301

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFO REQUESTED- NOT RECD

Occupation
INFO REQUESTED- NOT RECD

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.12258

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
DR JACK W LESCH

Mailing Address **34 SILVERSTRAND PL**

City State Zip Code
SPRING TX 77381

FEC ID number of contributing
federal political committee.

C

Name of Employer
WOODLANDS FAMILY PRACTICE

Occupation
PHYSICIAN

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 22 / 2008

Transaction ID: SA11AI.12126

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
MAJ JAMES P LUKE

Mailing Address **4273 BRISTOL DR**

City State Zip Code
DAYTON OH 45440

FEC ID number of contributing
federal political committee.

C

Name of Employer
USAF

Occupation
INFO REQUESTED- NOT RECD

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 24 / 2008

Transaction ID: SA11AI.11861

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
DR. TIMOTHY J MAKATCHE

Mailing Address **5 TWIN OAK DR**

City State Zip Code
LEESPORT PA 19533

FEC ID number of contributing
federal political committee.

C

Name of Employer
**SCHUYLKILL VALLEY FAMILY
 PRACT**

Occupation
PHYSICIAN

Receipt For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 29 / 2008

Transaction ID: SA11AI.11696

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MRS CAROLYN MATOVICH

Mailing Address 112 PHILLIPS CT NW

City

LEESBURG

State

VA

Zip Code

20176

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.11697

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MR JAMES H MATSON

Mailing Address 210 EXMOOR AVE

City

GLEN ELLYN

State

IL

Zip Code

60137

FEC ID number of contributing
federal political committee.

C

Name of Employer
GRIFFIN KUBIK STEPHENS &
THOMPSON

Occupation

SALES MANAGEMENT

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 0 / 2 0 0 8

Transaction ID: SA11AI.12026

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

ROBERT MOUNCE

Mailing Address 12615 NFAIRWOOD LN

City

SPOKANE

State

WA

Zip Code

99208

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.12344

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR THOMAS L OSTENSON

Mailing Address 1020 LAKE WINDWARD OVERLOOK

City

ALPHARETTA

State

GA

Zip Code

30005

FEC ID number of contributing
federal political committee.

C

Name of Employer
AON CORPORATION

Occupation
ATTORNEY

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.11769

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MR JAY R OWEN

Mailing Address 35 CYPRESS MARSH DR

City

HILTON HEAD ISLAND

State

SC

Zip Code

29926

FEC ID number of contributing
federal political committee.

C

Name of Employer
ENGINEERED SYSTEMS

Occupation
ENGINEER

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.11768

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR BILL POOLE

Mailing Address 1124 W SANDY RIDGE RD

City

MONROE

State

NC

Zip Code

28112

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.11747

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MS VERA R REDERBURG

Mailing Address 15312 S NORMANDIE AVE APT 220

City

GARDENA

State

CA

Zip Code

90247

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMFORCARE SENIOR SERV

Occupation
COMPANION

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 8 / 2 0 0 8

Transaction ID: SA11AI.12210

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR MICHAEL D RISINGER

Mailing Address 421 E GREENWOOD ST

City

MORTON

State

IL

Zip Code

61550

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
LAWYER

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.12040

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

MS JENNIFER L RUSH

Mailing Address 2212 N JACKRABBIT TRL

City

BENSON

State

AZ

Zip Code

85602

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
WRITER

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.12190

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 86

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MS HELEN H SATHER

Mailing Address PO BOX 74

City

ROUND LAKE

State

MN

Zip Code

56167

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	7	/	2	0	0	8

Transaction ID: SA11AI.11992

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MRS JOANNE M SCHROEDER

Mailing Address 15720 52ND AVE N

City

PLYMOUTH

State

MN

Zip Code

55446

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHWESTERN COLLEGEOccupation
CFO

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	1	/	2	0	0	8

Transaction ID: SA11AI.11945

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR GARY SELF

Mailing Address 8508 YORKSHIRE DR

City

ORANGE

State

TX

Zip Code

77632

FEC ID number of contributing
federal political committee.

C

Name of Employer
WAL-MARTOccupation
PHARMACIST

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	5	/	2	0	0	8

Transaction ID: SA11AI.12131

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

320.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR RANDALL SKOV

Mailing Address 115 TALL TIMBER CT

City

FAYETTEVILLE

State

GA

Zip Code

30215

FEC ID number of contributing
federal political committee.

C

Name of Employer
US AIR FORCE

Occupation

WEATHER OFFICER

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.11779

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

AMBER SNYDER

Mailing Address 153 GREYSTONE CIR

City

HIRAM

State

GA

Zip Code

30141

FEC ID number of contributing
federal political committee.

C

Name of Employer
SMOOTH INDUSTRIES

Occupation

HOME MAKER

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 7 / 2 0 0 8

Transaction ID: SA11AI.11777

Amount of Each Receipt this Period

330.00

C.

Full Name (Last, First, Middle Initial)

MS LONETTE SOLIS

Mailing Address 1909 BUCKTHORN LN

City

RESTON

State

VA

Zip Code

20191

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHROP GRUMMAN

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.11698

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

430.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR MARK SWISHER

Mailing Address 24902 N POINT PL

City

KATY

State

TX

Zip Code

77494

FEC ID number of contributing
federal political committee.

C

Name of Employer

AVIARA ENERGY CORPORATION

Occupation

ENGINEER

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 5 / 2 0 0 8

Transaction ID: SA11AI.12128

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MS DEBRA THOMAS

Mailing Address 19113 CHEMILLE DR

City

LUTZ

State

FL

Zip Code

33558

FEC ID number of contributing
federal political committee.

C

Name of Employer

POST PROPERTIES

Occupation

GENERAL MANAGER

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2050.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.11805

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

DR MICK VANDEN BOSCH

Mailing Address 113 W SAINT ANDREWS DR

City

SIOUX FALLS

State

SD

Zip Code

57108

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTH IOWA EYE CLINIC

Occupation

PHYSICIAN

Receipt For: 2008

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 8

Transaction ID: SA11AI.12006

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR GENE P VINEYARD

Mailing Address 322 COUNTRY LN

City

CARROLLTON

State

GA

Zip Code

30117

FEC ID number of contributing
federal political committee.

C

Name of Employer
CONCRETE CAREERS.COM

Occupation
RECRUITER

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 15 / 2008

Transaction ID: SA11AI.11774

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR MARK A WALKOTTEN

Mailing Address 3755 ACORN RIDGE CT NE

City

GRAND RAPIDS

State

MI

Zip Code

49525

FEC ID number of contributing
federal political committee.

C

Name of Employer
CROWE CHIZEK & CO

Occupation
CPA

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 07 / 2008

Transaction ID: SA11AI.11920

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MRS CHERYL L WELLS

Mailing Address 366 16TH ST SE

City

LE MARS

State

IA

Zip Code

51031

FEC ID number of contributing
federal political committee.

C

Name of Employer
WELLS BLUE BUNNY

Occupation
OWNER

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 01 / 2008

Transaction ID: SA11AI.11936

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1025.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MRS DONALD A WHITE, JR

Mailing Address 9412 ROCKY HILLS DR

City

CORDOVA

State

TN

Zip Code

38018

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 8

Transaction ID: SA11AI.11839

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR GERALD WOOD

Mailing Address 2382 COUNTY ROAD 1150 N

City

HOMER

State

IL

Zip Code

61849

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 8

Transaction ID: SA11AI.12048

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

MR ROBERT K WORMALD

Mailing Address 10121 CHAPEL RD

City

POTOMAC

State

MD

Zip Code

20854

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

HOMEBUILDER

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.11701

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MS DOROTHY V WRAY

Mailing Address 1416 GRAND AVE

City

SWEETWATER

State

TX

Zip Code

79556

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 3 / 2 0 0 8

Transaction ID: SA11AI.12150

Amount of Each Receipt this Period

70.00

B.

Full Name (Last, First, Middle Initial)

MRS JEANETTE F YANDOW

Mailing Address 1133 LONG POND RD

City

ROCHESTER

State

NY

Zip Code

14626

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 4 / 2 0 0 8

Transaction ID: SA11AI.11661

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

MRS OLETHA E YOUNG

Mailing Address 730 W JEFFERSON ST APT 242

City

MORTON

State

IL

Zip Code

61550

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 1 / 2 0 0 8

Transaction ID: SA11AI.12041

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

405.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 86

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MRS OLETHA E YOUNG

Mailing Address 730 W JEFFERSON ST APT 242

City

MORTON

State

IL

Zip Code

61550

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 0 8

Transaction ID: SA11AI.12042

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

MRS JUNE L ZEIGLER

Mailing Address 2261 WARREN DR

City

MORRISTOWN

State

TN

Zip Code

37814

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.11837

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

MRS JUNE L ZEIGLER

Mailing Address 2261 WARREN DR

City

MORRISTOWN

State

TN

Zip Code

37814

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 5 / 2 0 0 8

Transaction ID: SA11AI.11838

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

95.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 86

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MRS ELSIE ZUERCHER

Mailing Address 1556 SW SANTA FE LAKE RD

City

TOWANDA

State

KS

Zip Code

67144

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOUSEWORK PRIVATE HOMES

Occupation

HOUSEKEEPER

Receipt For: 2008

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	5		2	0	0	8

Transaction ID: SA11AI.12076

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

25.00

TOTAL This Period (last page this line number only)

34660.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 86

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

BB& T Bank

Mailing Address 2700 S. Quincy Street

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

8670.33

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	8

Transaction ID: SA17.12357

Amount of Each Receipt this Period

1153.64

INTEREST INCOME

SUBTOTAL of Receipts This Page (optional)

1153.64

TOTAL This Period (last page this line number only)

1153.64

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 / 86

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.12405 Date of Disbursement
Mailing Address P.O. Box 981540	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 5 / 2 0 0 8</div> </div>
City El Paso State TX Zip Code 79998	Amount of Each Disbursement this Period
Purpose of Disbursement CREDIT CARD PROCESSING FEES	<div> <div></div> <div>29.90</div> </div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.12406 Date of Disbursement
Mailing Address P.O. Box 981540	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 0 5 / 2 0 0 8</div> </div>
City El Paso State TX Zip Code 79998	Amount of Each Disbursement this Period
Purpose of Disbursement CREDIT CARD PROCESSING FEES	<div> <div></div> <div>150.32</div> </div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.12408 Date of Disbursement
Mailing Address P.O. Box 981540	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 4 / 2 0 0 8</div> </div>
City El Paso State TX Zip Code 79998	Amount of Each Disbursement this Period
Purpose of Disbursement CREDIT CARD PROCESSING FEES	<div> <div></div> <div>6.50</div> </div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

186.72

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 981540

City State Zip Code
El Paso TX 79998

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12409

Date of Disbursement

M M / D D / Y Y Y Y
07 18 2008

Amount of Each Disbursement this Period

0.98

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 981540

City State Zip Code
El Paso TX 79998

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12410

Date of Disbursement

M M / D D / Y Y Y Y
07 19 2008

Amount of Each Disbursement this Period

0.98

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 981540

City State Zip Code
El Paso TX 79998

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12400

Date of Disbursement

M M / D D / Y Y Y Y
07 31 2008

Amount of Each Disbursement this Period

37.98

SUBTOTAL of Disbursements This Page (optional)

39.94

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

GARY BAUER

Mailing Address 2800 SHIRLINGTON ROAD #930

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
PAC - CONSULTING POLITICAL FUNDRAISING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12387

Date of Disbursement

07 / 29 / 2008

Amount of Each Disbursement this Period

4500.00

B.

Full Name (Last, First, Middle Initial)

BB& T Bank

Mailing Address 2700 S. Quincy Street

City Arlington State VA Zip Code 22206

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12399

Date of Disbursement

07 / 15 / 2008

Amount of Each Disbursement this Period

27.10

C.

Full Name (Last, First, Middle Initial)

BB& T Bank

Mailing Address 2700 S. Quincy Street

City Arlington State VA Zip Code 22206

Purpose of Disbursement
BANK FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12401

Date of Disbursement

07 / 21 / 2008

Amount of Each Disbursement this Period

99.86

SUBTOTAL of Disbursements This Page (optional)

4626.96

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 36 / 86

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
CHOI COMPANIES

Mailing Address 5999 STEVENSON AVE #310

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement
RENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12383

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2536.02

B.

Full Name (Last, First, Middle Initial)
COVAD COMMUNICATIONS

Mailing Address P.O. BOX 39000

City SAN FRANCISCO State CA Zip Code 94139

Purpose of Disbursement
COMPUTER SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12371

Date of Disbursement

/ /

Amount of Each Disbursement this Period

102.48

C.

Full Name (Last, First, Middle Initial)
COVINGTON & BURLING

Mailing Address 1201 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20044

Purpose of Disbursement
LEGAL FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12372

Date of Disbursement

/ /

Amount of Each Disbursement this Period

354.00

SUBTOTAL of Disbursements This Page (optional)

2992.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

COVINGTON & BURLING

Mailing Address 1201 PENNSYLVANIA AVE NW

City
WASHINGTON

State
DC

Zip Code
20044

Purpose of Disbursement
LEGAL FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12384

Date of Disbursement

/ /

Amount of Each Disbursement this Period

503.00

B.

Full Name (Last, First, Middle Initial)

DEER PARK

Mailing Address P.O. BOX 52271

City
PHOENIX

State
AZ

Zip Code
85072

Purpose of Disbursement
OFFICE EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12374

Date of Disbursement

/ /

Amount of Each Disbursement this Period

24.91

C.

Full Name (Last, First, Middle Initial)

FEDERAL EXPRESS

Mailing Address P.O. BOX 1140

City
MEMPHIS

State
TN

Zip Code
38101

Purpose of Disbursement
SHIPPING FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12375

Date of Disbursement

/ /

Amount of Each Disbursement this Period

59.78

SUBTOTAL of Disbursements This Page (optional)

587.69

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
FEDERAL EXPRESS

Mailing Address P.O. BOX 1140

City State Zip Code
MEMPHIS TN 38101

Purpose of Disbursement
SHIPPING FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12386

Date of Disbursement

/ /

Amount of Each Disbursement this Period

130.65

B.

Full Name (Last, First, Middle Initial)
INTEGRAM

Mailing Address 8421 HILLTOP ROAD

City State Zip Code
FAIRFAX VA 22031

Purpose of Disbursement
PAC - DIRECT MAIL PRODUCTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12366

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3026.14

C.

Full Name (Last, First, Middle Initial)
IRON MOUNTAIN

Mailing Address 745 ATLANTIC AVE

City State Zip Code
BOSTON MA 02111

Purpose of Disbursement
STORAGE FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12376

Date of Disbursement

/ /

Amount of Each Disbursement this Period

202.98

SUBTOTAL of Disbursements This Page (optional)

3359.77

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

J&J PRINTING

Mailing Address 5540 PORT ROYAL ROAD

City
SPRINGFIELD

State
VA

Zip Code
22151

Purpose of Disbursement
PRINTING - GENERAL OFFICE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12388

Date of Disbursement

/ /

Amount of Each Disbursement this Period

807.45

B.

Full Name (Last, First, Middle Initial)

LEXIS NEXIS

Mailing Address P.O. BOX 7247-7090

City
PHILADELPHIA

State
PA

Zip Code
19170

Purpose of Disbursement
DUES AND SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12389

Date of Disbursement

/ /

Amount of Each Disbursement this Period

350.00

C.

Full Name (Last, First, Middle Initial)

LPS

Mailing Address P.O. BOX 2325

City
FAIRFAX

State
VA

Zip Code
22031

Purpose of Disbursement
PAC - DATA PROCESSING SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12379

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1131.44

SUBTOTAL of Disbursements This Page (optional)

2288.89

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) LPS	Transaction ID: SB21B.12390 Date of Disbursement																				
Mailing Address P.O. BOX 2325	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	9		2	0	0	8												
City FAIRFAX State VA Zip Code 22031	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC - DATA PROCESSING SERVICES	<table border="1"> <tr> <td>1</td><td>1</td><td>0</td><td>2</td><td>.</td><td>8</td><td>7</td> </tr> </table>	1	1	0	2	.	8	7													
1	1	0	2	.	8	7															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) BILL MOELLER	Transaction ID: SB21B.12380 Date of Disbursement																				
Mailing Address 2800 SHIRLINGTON ROAD #930	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	9		2	0	0	8												
City ARLINGTON State VA Zip Code 22206	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC - CONSULTING POLITICAL RESEARCHER	<table border="1"> <tr> <td>1</td><td>2</td><td>5</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	1	2	5	0	.	0	0													
1	2	5	0	.	0	0															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) RESOLUTION GRAPHICS	Transaction ID: SB21B.12382 Date of Disbursement																				
Mailing Address 3725 DUNLAP STREET N	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	7		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	7		2	0	0	8												
City ARDEN HILLS State MN Zip Code 55112	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC - DIRECT MAIL POSTAGE	<table border="1"> <tr> <td>2</td><td>0</td><td>4</td><td>1</td><td>.</td><td>5</td><td>2</td> </tr> </table>	2	0	4	1	.	5	2													
2	0	4	1	.	5	2															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

4394.39

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) THE LUKENS COMPANY	Transaction ID: SB21B.12362 Date of Disbursement																				
Mailing Address 2800 SHIRLINGTON ROAD #900	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	0		2	0	0	8												
City ARLINGTON State VA Zip Code 22206	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC - DIRECT MAIL PRODUCTION Candidate Name	<table border="1"> <tr> <td colspan="10">2600.00</td> </tr> </table>	2600.00																			
2600.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) THE LUKENS COMPANY	Transaction ID: SB21B.12363 Date of Disbursement																				
Mailing Address 2800 SHIRLINGTON ROAD #900	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	0		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	0		2	0	0	8												
City ARLINGTON State VA Zip Code 22206	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC - DIRECT MAIL PRODUCTION Candidate Name	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) THE LUKENS COMPANY	Transaction ID: SB21B.12393 Date of Disbursement																				
Mailing Address 2800 SHIRLINGTON ROAD #900	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>8</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		2	9		2	0	0	8
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		2	9		2	0	0	8												
City ARLINGTON State VA Zip Code 22206	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC - DIRECT MAIL CONSULTING Candidate Name	<table border="1"> <tr> <td colspan="10">2100.00</td> </tr> </table>	2100.00																			
2100.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

6700.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 42 / 86

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

THE MAIL HAUS

Mailing Address 1709 SUBURBAN DRIVE

City
DEPERE

State
WI

Zip Code
54115

Purpose of Disbursement
PAC - DIRECT MAIL PRODUCTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12364

Date of Disbursement

07 / 10 / 2008

Amount of Each Disbursement this Period

4321.74

B.

Full Name (Last, First, Middle Initial)

U.S. POSTMASTER

Mailing Address MAIN POST OFFICE

City
WASHINGTON

State
DC

Zip Code
20000

Purpose of Disbursement
PAC - REPLENISH BRE ACCOUNT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12411

Date of Disbursement

07 / 18 / 2008

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

UNITED BANK

Mailing Address 4501 DALY DRIVE

City
CHANTILLY

State
VA

Zip Code
20151

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.12404

Date of Disbursement

07 / 31 / 2008

Amount of Each Disbursement this Period

1208.15

SUBTOTAL of Disbursements This Page (optional)

6029.89

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 43 / 86

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

Dorie Velezis

Mailing Address 2800 S. Shirlington Road, #930

City State Zip Code
Arlington VA 22206

Purpose of Disbursement
ACCOUNTING SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12385

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1125.00

B.

Full Name (Last, First, Middle Initial)

VERIZON

Mailing Address P.O. BOX 17577

City State Zip Code
BALTIMORE MD 21297

Purpose of Disbursement
TELEPHONE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12394

Date of Disbursement

/ /

Amount of Each Disbursement this Period

432.18

C.

Full Name (Last, First, Middle Initial)

DEAN VIRAG

Mailing Address 14039 WESTWIND LANE

City State Zip Code
CULPEPER VA 22701

Purpose of Disbursement
WEBSITE SUPPORT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12373

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

2057.18

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 44 / 86

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City
CHANTILLY

State
VA

Zip Code
20151

Purpose of Disbursement
PAC - CAGING AND DATA ENTRY SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.12395

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2416.20

SUBTOTAL of Disbursements This Page (optional)

2416.20

TOTAL This Period (last page this line number only)

35680.13

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 / 86

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

CAMPAIGN FOR WORKING FAMILIES

Mailing Address 2800 Shirlington Road, Suite 930

City
ArlingtonState
VAZip Code
22206Purpose of Disbursement
TRANSFER - EXCESS CONTRIB FULLMER

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB22.12396

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	0	8

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 46 / 86

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
DIRECTECHNature of Debt (Purpose):
CAGING AND DATA PROCESSING

Mailing Address 8595 GROVEMONT CIRCLE

City State ZIP Code
GAITHERSBURG MD 20877

Outstanding Balance Beginning This Period

223.11

Transaction ID: SD10.4694

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

223.11

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
INTEGRAMNature of Debt (Purpose):
PAC - DIRECT MAIL PRODUCT-
ION

Mailing Address 8421 HILLTOP ROAD

City State ZIP Code
FAIRFAX VA 22031

Outstanding Balance Beginning This Period

3026.14

Transaction ID: SD10.11624

Amount Incurred This Period

0.00

Payment This Period

3026.14

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MWM DIRECT MARKETING SERVICESNature of Debt (Purpose):
PAC - DIRECT MAIL

Mailing Address 8048 HILLRISE COURT

City State ZIP Code
ELKRIDGE MD 21075

Outstanding Balance Beginning This Period

2320.90

Transaction ID: SD10.4696

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2320.90

1) SUBTOTALS This Period This Page (optional).....

2544.01

2) TOTALS This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 47 / 86

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
RESOLUTION GRAPHICS

Nature of Debt (Purpose):
PAC - DIRECT MAIL POSTAGE

Mailing Address 3725 DUNLAP STREET N

City State ZIP Code
ARDEN HILLS MN 55112

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.12381

Amount Incurred This Period

2041.52

Payment This Period

2041.52

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
RESOLUTION GRAPHICS

Nature of Debt (Purpose):
PAC - DIRECT MAIL PRODUCT-
ION

Mailing Address 3725 DUNLAP STREET N

City State ZIP Code
ARDEN HILLS MN 55112

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.12370

Amount Incurred This Period

4467.60

Payment This Period

0.00

Outstanding Balance at Close of This Period

4467.60

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
THE LUKENS COMPANY

Nature of Debt (Purpose):
PAC - DIRECT MAIL CONSULT-
ING

Mailing Address 2800 SHIRLINGTON ROAD #900

City State ZIP Code
ARLINGTON VA 22206

Outstanding Balance Beginning This Period

2600.00

Transaction ID: SD10.11612

Amount Incurred This Period

0.00

Payment This Period

2600.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

4467.60

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 48 / 86

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
THE LUKENS COMPANY

Nature of Debt (Purpose):
PAC - DIRECT MAIL CONSULT-
ING

Mailing Address 2800 SHIRLINGTON ROAD #900

City State ZIP Code
ARLINGTON VA 22206

Outstanding Balance Beginning This Period

2000.00

Transaction ID: SD10.11614

Amount Incurred This Period

0.00

Payment This Period

2000.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
THE LUKENS COMPANY

Nature of Debt (Purpose):
PAC - DIRECT MAIL CONSULT-
ING

Mailing Address 2800 SHIRLINGTON ROAD #900

City State ZIP Code
ARLINGTON VA 22206

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.12392

Amount Incurred This Period

2100.00

Payment This Period

2100.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
THE LUKENS COMPANY

Nature of Debt (Purpose):
PAC - DIRECT MAIL CONSULT-
ING

Mailing Address 2800 SHIRLINGTON ROAD #900

City State ZIP Code
ARLINGTON VA 22206

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.12368

Amount Incurred This Period

2500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2500.00

1) **SUBTOTALS** This Period This Page (optional).....

2500.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 49 / 86

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
THE MAIL HAUSNature of Debt (Purpose):
PAC - DIRECT MAIL PRODUCT-
ION

Mailing Address 1709 SUBURBAN DRIVE

City State ZIP Code
DEPERE WI 54115

Outstanding Balance Beginning This Period

4321.74

Transaction ID: SD10.11617

Amount Incurred This Period

0.00

Payment This Period

4321.74

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

0.00

2) **TOTALS** This Period (last page this line number only)..... ▶

9511.61

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶

9511.61

Image# 28932441479

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Transaction ID: **SA11AI.12123**

Form/Schedule: **SA11AI**

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Transaction ID: **SA11AI.12250**

Image# 28932441480

Form/Schedule: **SA11AI**

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Transaction ID: **SA11AI.12096**

Form/Schedule: **SA11AI**

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Transaction ID: **SA11AI.12155**

Image# 28932441481

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Transaction ID: **SA11AI.11791**

Form/Schedule: **SA11AI**

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Transaction ID: **SA11AI.11778**

Image# 28932441482

Form/Schedule:SA11AI

Transaction ID: SA11AI.11849

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Form/Schedule:SA11AI

Transaction ID: SA11AI.12221

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Image# 28932441483

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Form/Schedule: **SA11AI**

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Transaction ID: **SA11AI.11814**

Image# 28932441485

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Form/Schedule: **SA11AI**

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Transaction ID: **SA11AI.12095**

Image# 28932441486

Form/Schedule: **SA11AI**

0006139-0000266

Transaction ID: **SA11AI.11996**

Form/Schedule: **SA11AI**

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Transaction ID: **SA11AI.12177**

Image# 28932441487

Form/Schedule: **SA11AI**

0101547-0000283

Transaction ID: **SA11AI.12017**

Form/Schedule: **SA11AI**

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Image# 28932441488

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Transaction ID: **SA11AI.12252**

Form/Schedule: **SA11AI**

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Transaction ID: **SA11AI.11644**

Image# 28932441489

Form/Schedule: **SA11AI**

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Transaction ID: **SA11AI.12291**

Form/Schedule: **SA11AI**

0014348-0000353

Transaction ID: **SA11AI.12109**

Image# 28932441490

Form/Schedule: **SA11AI**

0100234-0000237

Transaction ID: **SA11AI.11954**

Form/Schedule: **SA11AI**

0101463-0000486

Transaction ID: **SA11AI.12285**

Image# 28932441491

Form/Schedule: **SA11AI**

0101686-0000463

Transaction ID: **SA11AI.12251**

Form/Schedule: **SA11AI**

0020563-0000390

Transaction ID: **SA11AI.12151**

Image# 28932441492

Form/Schedule: **SA11AI**

0104949-0000361

Transaction ID: **SA11AI.12118**

Form/Schedule: **SA11AI**

0022519-0000337

Transaction ID: **SA11AI.12088**

Image# 28932441493

Form/Schedule: **SA11AI**

0034210-0000015

Transaction ID: **SA11AI.11648**

Form/Schedule: **SA11AI**

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Transaction ID: **SA11AI.12200**

Image# 28932441494

Form/Schedule:SA11AI

0019461-0000316

Transaction ID: SA11AI.12057

Form/Schedule:SA11AI

0101909-0000151

Transaction ID: SA11AI.11843

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Form/Schedule: **SA11AI**

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Transaction ID: **SA11AI.11812**

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Transaction ID: **SA11AI.12259**

Form/Schedule: **SA11AI**

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Transaction ID: **SA11AI.11960**

Image# 28932441498

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Form/Schedule: **SA11AI**

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Form/Schedule:SA11AI

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Image# 28932441500

Form/Schedule: **SA11AI**

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Transaction ID: **SA11AI.11696**

Form/Schedule: **SA11AI**

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Image# 28932441501

Form/Schedule: **SA11AI**

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Transaction ID: **SA11AI.12026**

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Image# 28932441502

Form/Schedule:SA11AI

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Transaction ID: SA11AI.11769

Form/Schedule:SA11AI

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Transaction ID: SA11AI.11768

Image# 28932441503

Form/Schedule:SA11AI

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Transaction ID: SA11AI.11747

Form/Schedule:SA11AI

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Transaction ID: SA11AI.12210

Image# 28932441504

Form/Schedule:SA11AI

Transaction ID: SA11AI.12040

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Form/Schedule:SA11AI

Transaction ID: SA11AI.12190

0105675-0000419

Image# 28932441505

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Transaction ID: **SA11AI.11992**

Form/Schedule: **SA11AI**

0105676-0000230

Transaction ID: **SA11AI.11945**

Image# 28932441506

Form/Schedule: **SA11AI**

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Transaction ID: **SA11AI.12131**

Form/Schedule: **SA11AI**

0014942-0000103

Transaction ID: **SA11AI.11779**

Image# 28932441507

Form/Schedule: **SA11AI**

0105650-0000100

Transaction ID: **SA11AI.11777**

Form/Schedule: **SA11AI**

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Transaction ID: **SA11AI.11698**

Image# 28932441508

Form/Schedule: **SA11AI**

0048257-0000371

Transaction ID: **SA11AI.12128**

Form/Schedule: **SA11AI**

0103540-0000123

Transaction ID: **SA11AI.11805**

Image# 28932441509

Form/Schedule: **SA11AI**

0071919-0000273

Transaction ID: **SA11AI.12006**

Form/Schedule: **SA11AI**

0103839-0000097

Transaction ID: **SA11AI.11774**

Image# 28932441510

Form/Schedule: **SA11AI**

0014812-0000208

Transaction ID: **SA11AI.11920**

Form/Schedule: **SA11AI**

0005648-0000221

Transaction ID: **SA11AI.11936**

Image# 28932441511

Form/Schedule: **SA11AI**

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Transaction ID: **SA11AI.11839**

Form/Schedule: **SA11AI**

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Transaction ID: **SA11AI.12048**

Image# 28932441512

Form/Schedule: **SA11AI**

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Transaction ID: **SA11AI.11701**

Form/Schedule: **SA11AI**

0100542-0000389

Transaction ID: **SA11AI.12150**

Image# 28932441513

Form/Schedule: **SA11AI**

0103971-0000025

Transaction ID: **SA11AI.11661**

Form/Schedule: **SA11AI**

0103732-0000303

Transaction ID: **SA11AI.12041**

Image# 28932441514

Form/Schedule: **SA11AI**

0103732-0000304

Transaction ID: **SA11AI.12042**

Form/Schedule: **SA11AI**

0098488-0000146

Transaction ID: **SA11AI.11837**

Image# 28932441515

Form/Schedule: **SA11AI**

0098488-0000147

Transaction ID: **SA11AI.11838**

Form/Schedule: **SA11AI**

0007105-0000328

Transaction ID: **SA11AI.12076**
